

VACCINE ORDER FORM

Rhode Island Department of Health State Supplied Vaccine (SSV) Program

Provider
SSV Pin:

Phone Number:

Fax Number:

Name of Practice, Clinic, etc...

Delivery Address (No PO Boxes)

1. Send completed form via email: vaccine@health.ri.gov or fax: 401-222-3805.
 2. Your practice will be allowed 1 order per month. Orders will be filled to replenish previous month's use.
 3. Attach a copy of your previous month's completed Temperature Recording Log with this order.
- ** Orders will not be processed without a copy of the temperature log attached.****

Order Status

DOH Official Use Only

VFC VACCINE	Provider Supplied Information									DOH Use			Explanation of returned, wasted or X-ferred doses:
	A	B	C	D	E	F	G	H	Par	Pkg	K	L	
	Beg. Inv.	Order Rec.	Xfer IN	Xfer Out	Returns	Waste	On-Hand Count	Administered	Stock	Qty	Order	Filled	
DT (< 7 yrs)										10			
DTaP										10			
DTaPHBIPV (PEDIARIX)										10			
EIPV (Polio)										10			
HEP A - Pedi										10			
HEP B - Child										10			
HIB (Pedvax HIB)										10			
HPV										10			
MCV4 (Menactra)										5			
MMR II										10			
MPSV4 (Menomune)										5			
PCV 7 (Prevnar)										10			
PNEUMO (PPV-23)										5			
RotaVirus										10			
TDaP										5			
Td-PF (7-18 yrs)										10			
VARICELLA										10			
MMR/V										10			
SEASONAL or SPECIAL ADULT INITIATIVE VACCINE													
FLU										10			
FLU PF										10			
LAIV (Flu-mist)										10			
PPD										1			
HEP A - Adult										10			
HEP B - Adult										10			

I hereby certify that this report is a true account of the above biologicals, received from the RI DOH, that were administered during the period of time reported. No one was refused immunizations for failure to pay an administrative fee or failure to make a donation to the provider.

Signature of person responsible for vaccine accountability

Order Date

DOH Official Use Only

Date order recv'd

Date order approved

Expected delivery date

Next available order date

VACCINE ORDER FORM INSTRUCTIONS

This report is to be completed on a monthly basis by all entities that receive State Supplied Vaccines (SSV). Monthly reports do not have to run from the 1st day of the month. Reports may start on any day of the month, but cannot account for a period of time less than 28 days. Reports should account for all activity since the date of the last report filed. Retain a copy of these reports for one year.

Please do not report doses purchased with private funds on this form, ONLY STATE SUPPLIED VACCINE. Please allow 48-hours for order approval response.

Provider SSV Pin	This is a unique identifying number assigned to your practice by the RI DOH. Please include this number on all communications with the RI DOH. (If you are not aware of what your SSV Pin is please contact us to acquire it.)
Column A:	Beg. Inv. - Beginning Inventory is your doses-on-hand at the beginning of the month (or reporting period). Column A should be equal to the amount reported in Column G (On-hand Count) from the previous month's report.
Column B:	Order Rec - Orders Received should be the amount of vaccine received during the reporting period from the Rhode Island Department of Health SSV Program. These vaccines were received by the DOH directly or it's Distribution Agencies. <u>DO NOT</u> record transfers from other practices or privately purchased vaccines in this column.)
Column C:	Transfers IN - should be the number of doses received from any other practice. If you transfer in any vaccine you must submit a detailed explanation of where, when, how (cold chain), and why you received this vaccine. This explanation must accompany this report.
Column D:	Transfers OUT - should be the number of doses you sent to any other practice. If you transfer out any vaccine you must submit a detailed explanation of where, when, how (cold chain), and why you transferred this vaccine. This explanation must accompany this report.
Column E:	Returns - is the number of vaccine doses returned to the DOH or distributor for any reasons, including expired dates, break in the cold chain (refridgeration failure), etc.... Must submit a completed copy of the "Return/Expired Vaccine Form" with order form.
Column F:	Waste - is the number of wasted vaccine doses due to breakage, spill, or inability to return.
Column G:	On-Hand Count - is the physical count of your doses on-hand at the time of this report (beginning or end of business for date of report).
Column H:	Administered - is an aggregate number of all vaccine administered to children under 19 years of age. Column H = A+B+C-D-E-F-G (If you are using an electronic version of this spreadsheet, this field will automatically calculate your usage)
Par Stock:	Par Stock - Equals the quantity of vaccine needed for a sixty (60) day supply in inventory.
Pkg Qty:	Pkg Qty - Is the package size of the vaccine to be shipped. Orders will be filled as multiples of this amount.
Column K:	Order - is the quantity of doses necessary in order to replenish your inventory to a maximum of 60-day supply of required vaccine. Special orders will be available for times of emergency or outbreak. (DOH Use Only)
Column L:	Filled - is the number of doses approved to fill your order. This amount may vary from your amount administered due to on-hand inventory or packaging. Please verify the amount received at delivery. Expect delivery within 3-5 business days of report approval date. (DOH Use Only)
Explanations	In this field you should explain reasons for wasted, returned or transferred vaccine. Please also note any changes to Par Stock as well.
Expected Delivery Date	this field lets you know the earliest date that you should expect delivery of your order.
Next Available Order date	"Next available order date" is the earliest date available for your next order to be placed. Orders before this date will be denied due to early ordering.
Order Status	In this field (to be completed by DOH) either "Approved", "Denied", or "Contact DOH" will be stamped in this area. If "Approved" status please note the expected delivery date. If "Denied" status you may contact the DOH for explanation. If "Contact DOH" status please contact DOH for additional instructions.